

5-13

Exhibit "E"

Exhibit "E"



**INMATE APPEALS BRANCH**

1515 S Street, Sacramento, CA 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001



January 15, 2008

HOLLIS, MARVIN, E37508  
High Desert State Prison  
P.O. Box 270220  
Susanville, CA 96127

RE: IAB# 0716524 SVSP-07-00349 DISCIPLINARY

Mr. HOLLIS:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

Institution and parole staff are available to assist you in obtaining additional copies of forms and documents required to submit an appeal. The inmate library offers resources and assistance to obtain general information regarding regulations, procedures, policies, and government agency addresses. Additionally, your assigned Counselor or Parole Agent, or the Appeals Coordinator can answer any questions you may have regarding the appeals process. The Inmate Appeals Branch appreciates your responsible use of the appeal system to address your grievance.

The Inmate Appeals Branch has received an appeal from you and has determined that it does not comply with the appeal procedures established in California Code of Regulations (CCR) Title 15, Article 8, and is being screened-out and returned to you pursuant to CCR 3084.3 for the following reason(s):

Your appeal was granted at the institutional level. There is no unresolved issue to be reviewed at the Director's Level of Review.

See attached Modification Order Log #07-015, dated March 22, 2007.

N. GRANNIS, Chief  
Inmate Appeals Branch

STATE OF CALIFORNIA—YOUTH AND ADULT CORRECTIONAL AGENCY

ARNOLD SCHWARZENEGGER, Governor

**DEPARTMENT OF CORRECTIONS**

**Inmate Appeals Branch**

**P.O. Box 942883**

**Sacramento, CA 94283-0001**

January 4, 2005

Hollis, CDC #E-37508  
Salinas Valley State Prison  
P.O. Box 1020  
Soledad, CA 93960-1020


Re:

Dear Mr. Hollis:

The enclosed documents are being returned to you for the following reasons:

This office provides the Director's Level Review of inmate/parolee appeals. The form must be completed through the Second Level of Review on behalf of the Warden or Parole Region Administrator. Your appeal was rejected, withdrawn or cancelled. If you disagree with that decision, contact the Appeals Coordinator. You must comply with instructions from that office.

Your assigned counselor, the Appeals Coordinator, or your Parole Agent can answer any questions you may have regarding the appeals process. Library staff can help you obtain any addresses you need.

  
N. GRANNIS, Chief  
Inmate Appeals Branch

STATE OF CALIFORNIA -DEPARTMENT OF CORRECTIONS AND REHABILITATION

ARNOLD SCHWARZENEGGER, GOVERNOR

**INMATE APPEALS BRANCH**

1515 S Street, Sacramento, CA 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001



October 23, 2007

HOLLIS, MARVIN, E37508  
Salinas Valley State Prison  
P.O. Box 1020  
Soledad, CA 93960-1020

RE: IAB# 0708606      SEGREGATION HEARINGS

Mr. HOLLIS:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

Institution and parole staff are available to assist you in obtaining additional copies of forms and documents required to submit an appeal. The inmate library offers resources and assistance to obtain general information regarding regulations, procedures, policies, and government agency addresses. Additionally, your assigned Counselor or Parole Agent, or the Appeals Coordinator can answer any questions you may have regarding the appeals process. The Inmate Appeals Branch appreciates your responsible use of the appeal system to address your grievance.

The Inmate Appeals Branch has received an appeal from you and has determined that it does not comply with the appeal procedures established in California Code of Regulations (CCR) Title 15, Article 8, and is being screened-out and returned to you pursuant to CCR 3084.3 for the following reason(s):

Your concerns can be best addressed by filing a CDC Form 602, Inmate/Parolee Appeal.

These materials are returned to you without action. These materials do not constitute an appeal.

N. GRANNIS, Chief  
Inmate Appeals Branch

**INMATE APPEALS BRANCH**

1515 S Street, Sacramento, CA 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001



September 17, 2006

Hollis, CDC #E-37508  
Salinas Valley State Prison  
P.O. Box 1020  
Soledad, CA 93960-1020

Re: Disciplinary

Dear Mr. Hollis:

The enclosed documents are being returned to you for the following reasons:

This office provides the Director's Level Review of inmate/parolee appeals. The form must be completed through the Second Level of Review on behalf of the Warden or Parole Region Administrator. This appeal issue should be submitted directly to the Appeals Coordinator for review and appropriate action. Only the original appeal form is accepted at the Director's Level of Review. If you do not have the original appeal, see your Appeals Coordinator for a replacement copy.

Your assigned counselor, the Appeals Coordinator, or your Parole Agent can answer any questions you may have regarding the appeals process. Library staff can help you obtain any addresses you need.

A handwritten signature in black ink, appearing to read "N. Grannis".

N. GRANNIS, Chief  
Inmate Appeals Branch

STATE OF CALIFORNIA —DEPARTMENT OF CORRECTIONS AND REHABILITATION

ARNOLD SCHWARZENEGGER, GOVERNOR

**INMATE APPEALS BRANCH**

1515 S Street, Sacramento, CA 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001



September 17, 2006

HOLLIS, CDC #E-37508  
Salinas Valley State Prison  
P.O. Box 1020  
Soledad, CA 93960-1020

Re:

Dear Mr. HOLLIS:

The enclosed documents are being returned to you for the following reasons:

M This office provides the Director's Level Review of inmate/parolee appeals. The form must be completed through the Second Level of Review on behalf of the Warden or Parole Region Administrator. Your appeal was rejected, withdrawn or cancelled. If you disagree with that decision, contact the Appeals Coordinator. You must comply with instructions from that office.

Your assigned counselor, the Appeals Coordinator, or your Parole Agent can answer any questions you may have regarding the appeals process. Library staff can help you obtain any addresses you need.

for RA  
N. GRANNIS, Chief  
Inmate Appeals Branch

STATE OF CALIFORNIA —DEPARTMENT OF CORRECTIONS AND REHABILITATION

ARNOLD SCHWARZENEGGER, GOVERNOR

**INMATE APPEALS BRANCH**

1515 S Street, Sacramento, CA 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001



September 27, 2006

HOLLIS, CDC #E-37508  
Salinas Valley State Prison  
P.O. Box 1020  
Soledad, CA 93960-1020

Re: Staff Complaint

Dear Mr. HOLLIS:

The enclosed documents are being returned to you for the following reasons:

This office provides the Director's Level Review of inmate/parolee appeals. The form must be completed through the Second Level of Review on behalf of the Warden or Parole Region Administrator. Your appeal was rejected, withdrawn or cancelled. If you disagree with that decision, contact the Appeals Coordinator. You must comply with instructions from that office.

Your assigned counselor, the Appeals Coordinator, or your Parole Agent can answer any questions you may have regarding the appeals process. Library staff can help you obtain any addresses you need.

A handwritten signature in dark ink, appearing to read "N. Grannis", is located to the left of the typed name.

N. GRANNIS, Chief  
Inmate Appeals Branch

**INMATE APPEALS BRANCH**

1515 S Street, Sacramento, CA 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001



September 17, 2006

HOLLIS, CDC #E-37508  
Salinas Valley State Prison  
P.O. Box 1020  
Soledad, CA 93960-1020

Re:

Dear Mr. HOLLIS:

The enclosed documents are being returned to you for the following reasons:

This office provides the Director's Level Review of inmate/parolee appeals. The form must be completed through the Second Level of Review on behalf of the Warden or Parole Region Administrator. Your appeal was rejected, withdrawn or cancelled. If you disagree with that decision, contact the Appeals Coordinator. You must comply with instructions from that office.

Your assigned counselor, the Appeals Coordinator, or your Parole Agent can answer any questions you may have regarding the appeals process. Library staff can help you obtain any addresses you need.

N. GRANNIS, Chief  
Inmate Appeals Branch



STATE OF CALIFORNIA —DEPARTMENT OF CORRECTIONS AND REHABILITATION

ARNOLD SCHWARZENEGGER, GOVERNOR

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P.O. Box 942883  
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September 27, 2006

HOLLIS, CDC #E-37508  
Salinas Valley State Prison  
P.O. Box 1020  
Soledad, CA 93960-1020

Re: Staff Complaint

Dear Mr. HOLLIS:

The enclosed documents are being returned to you for the following reasons:

This office provides the Director's Level Review of inmate/parolee appeals. The form must be completed through the Second Level of Review on behalf of the Warden or Parole Region Administrator. Your appeal was rejected, withdrawn or cancelled. If you disagree with that decision, contact the Appeals Coordinator. You must comply with instructions from that office.

Your assigned counselor, the Appeals Coordinator, or your Parole Agent can answer any questions you may have regarding the appeals process. Library staff can help you obtain any addresses you need.

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N. GRANNIS, Chief  
Inmate Appeals Branch

STATE OF CALIFORNIA—YOUTH AND ADULT CORRECTIONAL AGENCY

ARNOLD SCHWARZENEGGER, Governor

**DEPARTMENT OF CORRECTIONS**

**Inmate Appeals Branch  
P.O. Box 942883  
Sacramento, CA 94283-0001**

January 4, 2005

Hollis, CDC #E-37508  
Salinas Valley State Prison  
P.O. Box 1020  
Soledad, CA 93960-1020

Re:

Dear Mr. Hollis:

The enclosed documents are being returned to you for the following reasons:

This office provides the Director's Level Review of inmate/parolee appeals. The form must be completed through the Second Level of Review on behalf of the Warden or Parole Region Administrator. Your appeal was rejected, withdrawn or cancelled. If you disagree with that decision, contact the Appeals Coordinator. You must comply with instructions from that office.

Your assigned counselor, the Appeals Coordinator, or your Parole Agent can answer any questions you may have regarding the appeals process. Library staff can help you obtain any addresses you need.

  
N. GRANNIS, Chief  
Inmate Appeals Branch



**INMATE APPEALS BRANCH**

1515 S Street, Sacramento, CA 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001



September 17, 2006

Hollis, CDC #E-37508  
Salinas Valley State Prison  
P.O. Box 1020  
Soledad, CA 93960-1020

Re: Institution Appeal Log #SVSP 05-4908 ADA

Dear Mr. Hollis:

The enclosed documents are being returned to you for the following reasons:

Your appeal is incomplete. You must include supporting documentation. Your appeal is missing complete copy of Second Level Response. Only the original appeal form is accepted at the Director's Level of Review. If you do not have the original appeal, see your Appeals Coordinator for a replacement copy.

Your assigned counselor, the Appeals Coordinator, or your Parole Agent can answer any questions you may have regarding the appeals process. Library staff can help you obtain any addresses you need.

A handwritten signature in black ink, appearing to be "N. Grannis".

N. GRANNIS, Chief  
Inmate Appeals Branch

State of California

Department of Corrections and Rehabilitation

# Memorandum

Date: February 23, 2006

To: Inmate Hollis; E-37508  
Salinas Valley State Prison

Subject: **SECOND LEVEL APPEAL RESPONSE LOG NUMBER SVSP-D-05-04908**

## **ISSUE:**

Appellant states on appeal that he has an ongoing medical condition regarding his feet. Appellant has submitted a CDC-128C from North Kern State Prison (NKSP) signed by Dr. Mekemson requiring soft sole shoes be permitted for the appellant.

The appellant requests on appeal that his soft sole shoe chrono be honored at Salinas Valley State Prison (SVSP).

**INTERVIEWED BY:** Correctional Lieutenant J.D. Bennett

**REGULATIONS:** The rules governing this issue are:

**SVSP Operational Procedure 8o.3.B – Comprehensive Accommodation Chronos**

## **SUMMARY OF INVESTIGATION:**

The First Level of Review (FLR) was completed on January 25, 2006. Lieutenant J.D. Bennett was assigned to investigate this appeal at the Second Level of Review. All submitted documentation and supporting arguments have been considered. Additionally, a thorough examination has been conducted regarding the claim presented, and evaluated in accordance with Salinas Valley State Prison (SVSP) Operational Procedures (OP); the California Code of Regulations (CCR); and the Departmental Operations Manual (DOM).

The appellant was issued a Comprehensive Accommodation Chrono (CAC) dated December 19, 2005, authored by Dr. Nguyen. This CAC is valid for one year and addressed the need for an orthopedic shoe. The Chief Medical Officer, Dr. Lee clarified that there is a difference between an orthopedic shoe and a soft shoe chrono. An orthopedic shoe is for a specific foot disorder and does not constitute a soft shoe chrono. During the First Level of Review, Medical staff were notified and provided input.



# MEDICAL APPEAL

CAZ  
2nd

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE  
APPEAL FORM**  
CDC 802 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. SVB 21. 05-04903

8

2. \_\_\_\_\_

2. \_\_\_\_\_

ERC ~~ESP~~

You may appeal any policy, action or decision which has a significant adverse effect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME <u>Holles</u>	NUMBER <u>E37508</u>	ASSIGNMENT	UNIT/ROOM NUMBER
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**A. Describe Problem:**

Connected from ADA to  
NON-ADA - See attached  
1824 dtd 12-27-05

issue: wants to be allowed  
socks & shoes which housed in ADA

If you need more space, attach one additional sheet.

**B. Action Requested:**

WFA CE-II 1-10-06

RECEIVED  
JUL 26 2006  
INMATE APPEALS  
BRANCH

Inmate/Parolee Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**C. INFORMAL LEVEL (Date Received: \_\_\_\_\_)**

Staff Response: \_\_\_\_\_

**BYPASS**

Staff Signature: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

**D. FORMAL LEVEL**

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

**BYPASS**

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Note: Property/Funds appeals must be accompanied by a completed  
Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: \_\_\_\_\_

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**REASONABLE MODIFICATION OR  
ACCOMMODATION REQUEST**  
CDC 1824 (1/95)

INSTITUTION/PAROLE REGION: <b>ESVSPD.05</b>	LOG NUMBER: <b>4908</b>	CATEGORY: <b>18. ADA</b>
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*DR code is N/A*

**NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES**

*CTC for medical verification*

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT) <b>MARVIN GLENN HOLLIS</b>	CDC NUMBER <b>E-37508</b>	ASSIGNMENT <b>ACI-seg</b>	HOURS/WATCH	HOUSING <b>D1 220</b>
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In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/Institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the Institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

**MODIFICATION OR ACCOMMODATION REQUESTED**
**DESCRIPTION OF DISABILITY:**

**PERMANENT medical condition as diagnosed by my PHYSICIAN ON MY FEET. FEET IMPAIRMENT.**

*RECEIVED  
INMATE APPEALS  
BRANCH  
DEC 26 2008  
copy of 216*

**WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?**

**(CDC)128-C medical chrono generated by physician DR. MEKEMSON ORDERING me to WEAR SOFT SHOES. AND NUMEROUS ORDERS FROM OTHER DOCTORS ORDERING me CONTINUED treatment for my FEET.**

**DESCRIBE THE PROBLEM:**

**my FEET ARE IN CONTINUOUS daily EXCRUCIATING pain which limits movement due to WALKING IN (ASLI) ISSUED KUNG FU SHOES. (SVSP) IS NOT HONORING my medical chrono. I CURRENTLY HAVE A PENDING CIVIL ACTION about my FEET #C-05-4225 (TEH). I'm CURRENTLY waiting to see a foot doctor FOR ORTHOTIC shoe ORDER dated 12-19-05. CUSTODY REFUSE to issue me shoes.**

**WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?**

**TO be ALLOWED to WEAR SOFT shoes while IN ACI-seg AND ISSUED ONE PAIR OF STATE ISSUE SIZE 13 shoes IN PLACE OF THE KUNG FU SHOES AND FOR (SVSP) TO HONOR my medical chrono by DR. MEKEMSON, AND "stop" denying OR INTERFERING with ORDERED medical treatment for my FEET.**

**MURRIN HOLLIS**  
INMATE/PAROLEE'S SIGNATURE

**12-27-05**  
DATE SIGNED

RECEIVED DEC 28 2005



# APPEAL - FIRST LEVEL REVIEW

## SALINAS VALLEY STATE PRISON

DATE: January 25, 2006

NAME: Hollis CDC # E-37508

APPEAL #: FIRST LEVEL APPEAL LOG #SVSP-D-05-04908

APPEAL DECISION: Partially Granted

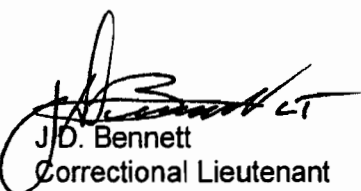
**SUMMARY OF APPEAL:** Appellant states that he has a medical condition pertaining to his feet and submitted a CDC-128C signed by Dr. Mekemson from North Kern State Prison dated 6-10-98 requiring soft shoes be permitted for the appellant.

The appellant is requesting on appeal the soft shoe chrono be honored at Salinas Valley State Prison (SVSP).

**SUMMARY OF INVESTIGATION:** The appellant was interviewed on January 25, 2006 by Correctional Lieutenant J.D. Bennett. During this interview, the appellant stated he wanted to be issued a pair of soft sole shoes while in Administrative Segregation.

**APPEAL RESPONSE:** This reviewer conferred with Medical staff regarding the issue of soft sole shoes at SVSP. The Chief Medical Officer (CMO) issued a directive for SVSP that no soft shoes chronos will be honored at SVSP unless specifically authorized by the CMO. However, Medical staff did provide this reviewer with a copy of a CDC-7410, Comprehensive Accommodation Chrono (CAC) dated 12-19-05 by Dr. Nguyen and co-signed by the CMO, Dr. Lee authorizing orthopedic shoes for the appellant (Chrono attached). This CAC is good for one year from 12-19-05. Medical staff did inform this reviewer that the appellant would be responsible for the purchase of the orthopedic shoes.

If you are dissatisfied with this decision, you may appeal to the Second Level by following the instructions on your appeal form.

  
J.D. Bennett  
Correctional Lieutenant  
Administrative Segregation Unit

  
D. Travers  
Correctional Administrator, Complex II  
Salinas Valley State Prison

\*SVSP-D-04-04063\*

\*SVSP-D-05-00459\*

(Both medical about feet)

\*C-05-4225 (TEH) IN FEDERAL COURT  
Filed 10-19-05 about feet.

DEPENDANTS: CAROLINE BERRIE, V. NEWELLING, CHARLES D. LEE

**COMPREHENSIVE ACCOMMODATION CHRONO**

**INSTRUCTIONS:** A physician shall complete this form if an inmate requires an accommodation due to a medical condition. Circle P if the accommodation is to be permanent, or T if the accommodation is to be temporary. If the accommodation is temporary, write the date the accommodation expires on the line. A new form shall be generated when a change to an accommodation is required or upon renewal of a temporary accommodation. Any new form generated shall include previous accommodations, if they still apply. Chronos indicating permanent accommodations shall be reviewed annually. This form shall be honored as a permanent chrono at all institutions.

**A. HOUSING**

None None Bottom Bunk P/T \_\_\_\_\_  
 Barrier Free/Wheelchair Access P/T \_\_\_\_\_ Single Cell (See 128-C date: \_\_\_\_\_) P/T \_\_\_\_\_  
 Ground Floor Cell P/T \_\_\_\_\_ Permanent OHU / CTC (circle one) P/T \_\_\_\_\_  
 Continuous Powered Generator P/T \_\_\_\_\_ Other \_\_\_\_\_ P/T \_\_\_\_\_

**B. MEDICAL EQUIPMENT/SUPPLIES**

None Wheelchair: (type) \_\_\_\_\_ P/T \_\_\_\_\_  
 Limb Prosthesis P/T \_\_\_\_\_ Contact Lens(es) & Supplies P/T \_\_\_\_\_  
 Brace P/T \_\_\_\_\_ Hearing Aid P/T \_\_\_\_\_  
 Crutches P/T \_\_\_\_\_ Special Garment: \_\_\_\_\_  
 Cane: (type) \_\_\_\_\_ (specify) Orbiter slow P/T 0: year  
 Walker P/T \_\_\_\_\_ Rx. Glasses: \_\_\_\_\_ P/T \_\_\_\_\_  
 Dressing/Catheter/Colostomy Supplies P/T \_\_\_\_\_ Cotton Bedding P/T \_\_\_\_\_  
 Shoe: (specify) \_\_\_\_\_ P/T \_\_\_\_\_ Extra Mattress P/T \_\_\_\_\_  
 Dialysis Peritoneal P/T \_\_\_\_\_ Other \_\_\_\_\_ P/T \_\_\_\_\_

**C. OTHER**

None Therapeutic Diet: (specify) \_\_\_\_\_ P/T \_\_\_\_\_  
 Attendant to assist with meal access P/T \_\_\_\_\_ Communication Assistance P/T \_\_\_\_\_  
 and other movement inside the institution. Transport Vehicle with Lift P/T \_\_\_\_\_  
 Attendant will not feed or lift the inmate/patient or perform elements of personal hygiene. Short Beard P/T \_\_\_\_\_  
 Wheelchair Accessible Table P/T \_\_\_\_\_ Other Double cuff chains P/T 0: year

**D. PHYSICAL LIMITATIONS TO JOB ASSIGNMENTS**

Based on the above, are there any physical limitations to job assignments? ☐ Yes ☐ No

If yes, specify: \_\_\_\_\_

INSTITUTION <u>SVSP</u>	COMPLETED BY (PRINT NAME) <u>NORRIS</u>	TITLE <u>MA</u>
SIGNATURE <u>[Signature]</u>	DATE <u>12/19/05</u>	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH  <u>WOLLS</u> <u>K37508</u> <u>D1-220</u>
HCM/CMO SIGNATURE <u>[Signature]</u>	DATE <u>12/22/05</u>	
(CIRCLE ONE) <u>APPROVED</u> / DENIED		

**COMPREHENSIVE ACCOMMODATION CHRONO**



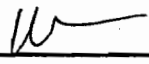
INMATE : HOLLIS, MARVIN

CDC NUMBER : E37508

HOUSING : <sup>fol-c</sup>  
~~FB-B5-208U~~

\* This inmate should wear SOFT SHOES because of a permanent medical condition. \*

CC: C-File (Original)  
Medical File  
Assignment Lieutenant  
Unit Sergeant  
Housing Officer  
Inmate

  
\_\_\_\_\_  
PHYSICIAN: Dr. MEKEMSON

\* ARRIVAL DATE: 4/10/98 \*

DATE: 6/10/98

NKSP MEDICAL CHRONO

CDC-128-C